

# The Medical Home in Partnership with Public Health

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# The Medical Home and Public Health

- What is a Medical Home
- Key Elements of a Medical Home
- Collaboration with Public Health

# What Is a Medical Home?

- An approach to providing health care services in a high-quality, comprehensive, and cost-effective manner
- Provision of care through a primary care physician through partnership with other allied health care professionals and the family
- Acts in child and families best interest to achieve maximum family potential



# What Is NOT a Medical Home?

- Building
- House
- Hospital



# Who Is Part of a Medical Home?

- Primary care physician
- Family
- Child/youth
- Allied health care professionals
- Family's community
- Pediatric office staff
- If necessary, pediatric subspecialists



# In a Medical Home...

- Children and their families receive the care that they need from a pediatrician or other PCP whom they know and trust.
- The pediatric health care professionals and parents act as partners to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.

While all children can benefit from a medical home, it is particularly important for children with special health care needs and their families

# Benefits of a Medical Home

- Increased patient and family satisfaction
- Establishment of a forum for problem solving
- Improved coordination of care
- Enhanced efficiency for children, youth, and families
- Efficient use of limited resources
- Increased professional satisfaction
- Increased **wellness** resulting from comprehensive care
- Provide a basis for **quality improvement** in the care of children and families



# What is a Medical Home?

NOT just a building or place but a way of providing health care services that are:

- Accessible
- Family-centered
- Coordinated
- Comprehensive
- Continuous
- Compassionate
- & Culturally Sensitive

# Accessible



- Personally

- Family/youth are able to speak directly to the physician when needed.
- The practice is physically accessible and meets American with Disabilities Act requirements.

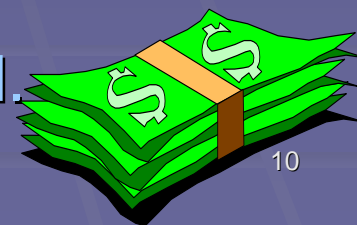
- Geographically

- Care is provided in the family's community.
- Practice is accessible by public transportation, where available.



- Financially

- All insurance, including Medicaid, is accepted.
- Changes in insurance are accommodated.

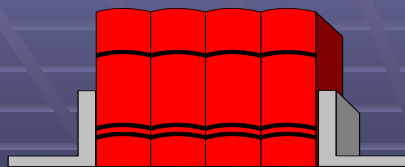


# Family-Centered

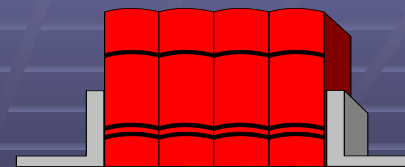
- The medical home physician is knowledgeable about the family and their needs.
- Mutual responsibility and trust exists between the patient, family, and the medical home physician.
- The family is recognized as the principal caregiver and center of strength and support for the child, as well as the expert.
- Clear, unbiased, and complete information and options are shared on an ongoing basis with the family.
- Families and youth are supported to play a central role in care coordination and share responsibility in decision making.

# Continuous

- The same primary pediatric health care professionals are available from infancy through adolescence and young adulthood.
- Assistance with transitions, in the form of developmentally appropriate health assessments and counseling, is available to the family.
- The medical home physician participates to the fullest extent allowed in care and discharge planning when the child is hospitalized or care is provided at another facility or by another provider.



# Comprehensive

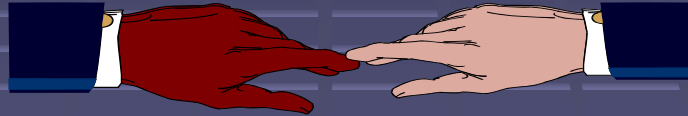


- Care is delivered or directed by a well-trained physician who is able to manage and facilitate essentially all aspects of care.
- Ambulatory and inpatient care for ongoing and acute illnesses is ensured, 24 hours a day, 7 days a week, 52 weeks a year.
- Extra time for an office visit is scheduled for CYSHCN, when indicated.

# Comprehensive (cont'd)

- Preventive, primary, and tertiary care needs are addressed.
- The child's and family's medical, educational, developmental, psychosocial, & other service needs are identified and addressed.
- The physician advocates for the child or youth and family in obtaining comprehensive care.
- Information is made available about private insurance and public resources.

# Coordinated



- A plan of care is developed by the physician, child or adolescent, and family and is shared with other providers involved with the care of the patient.
- Care among multiple providers is coordinated through the medical home.
- A central record or database containing all pertinent medical information, including hospitalizations and specialty care, is maintained at the practice. The record is accessible, but confidentiality is preserved.

# Coordinated (cont'd)

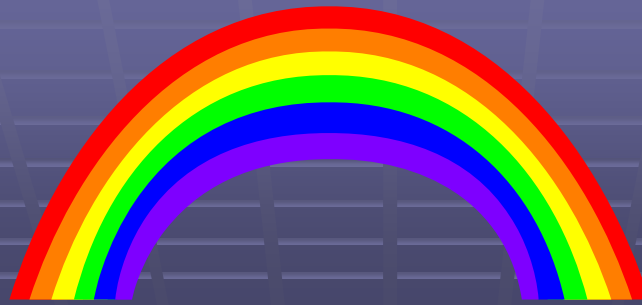
- The medical home physician shares information among the child or adolescent, family, and consultant; provides specific reason for referral; and assists the family and child or adolescent in communicating clinical issues.
- Families are linked to support and advocacy groups, parent-to-parent groups, and other family resources.
- The medical home physician evaluates and interprets the consultant's recommendations for the CYSHCN and family and, in consultation with them and sub-specialists, implements recommendations that are indicated and appropriate.



# Compassionate



- Concern for the well-being of the child and family is expressed and demonstrated in verbal and nonverbal interactions.
- Efforts are made to understand and empathize with the feelings and perspectives of the family as well as the child or adolescent.



## Culturally Effective

- The child's or adolescent's and family's cultural background, including beliefs, rituals, and customs, are recognized, valued, respected, and incorporated into the care plan.
- All efforts are made to ensure that the child and family understand the results of the medical encounter and the care plan, including the provision of professional translators or interpreters, as needed.
- Written materials are provided in the family's primary language.

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# The role of Public Health in the Medical Home

- Public Health Nurses
- Family Resource Coordinators
- Infant Toddler Network
- Maxillofacial Board Review
- Immunization Program

# The Medical Home in Partnership with Public Health

- What is a medical home?
- Elements of a medical home
- Partnership with Public Health

# Resources

- Medical Home Leadership Network
  - [www.medicalhome.org](http://www.medicalhome.org)
- Community Pediatrics at the AAP
  - [www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)